

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

## UNITED STATES DISTRICT COURT

for the

Middle District of PACivil Division

Case No.

1:19cv2036

(to be filled in by the Clerk's Office)

Coit Kevin

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-  
JP Luther, Lisa-hollibaugh, C Wakefield  
Rivello, Gaunderland, Swissher, K grassmyer  
B Fisher, C Shope, E. Stombaugh  
Ellenberger

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Jury Demand

FILED  
SCRANTON

NOV 27 2019

PER AMA  
DEPUTY CLERK

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Kevin Coit  
 All other names by which  
 you have been known: \_\_\_\_\_  
 ID Number KX 2601  
 Current Institution Smithfield  
 Address 1120 Pike St Box 999  
Huntingdon PA 16652  
 City State Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name J P Luther  
 Job or Title (if known) Superintendent  
 Shield Number unknown  
 Employer John Wetzel  
 Address 1120 Pike St Box 999  
Huntingdon PA 16652  
 City State Zip Code  
☒ Individual capacity ☒ Official capacity

**Defendant No. 2**

Name L Hollibaugh  
 Job or Title (if known) Grievance Coordinator  
 Shield Number unknown  
 Employer J P Luther  
 Address 1120 Pike St Box 999  
Huntingdon PA 16652  
 City State Zip Code  
☒ Individual capacity ☒ Official capacity

1. on 5-31-18 Plaintiff suffered from one of his many mental disorders see exhibit 1 for further details during this episode plaintiff told two C/O's that Plaintiff wanted to "kill himself" Plaintiff then showed these two C/O's cut marks on Plaintiff's arms and requested medical and mental health treatment both request went unanswered
2. instead of providing Plaintiff with requested help C/O dickson only encouraged my self harm despite Plaintiff's extensive suicide history Plaintiff had file several mental health grievances
3. at 4:30 pm Plaintiff placed a noose around his neck and attempted to hang himself leaving a burn mark around neck see grievance 740549 for further details exhibit 2A no help was provided
4. on 6-16-18 at about 12:00 pm Plaintiff was again feeling suicidal and wanting to "kill himself" Plaintiff began to cut wrist with a sharp end staple Plaintiff also cut neck Plaintiff showed C/O's dell and wasko and Plaintiff requested medical and mental health Both C/O's stated save us the trouble
5. when Plaintiff informed defendants that Plaintiff will file a ~~trans~~ grievance on the matter defendants stated that would not be wise and things can only get alot worse
6. on 6-26-18 Plaintiff again was engaged in self-harm cutting wrist and neck Plaintiff showed defendant Ruiz injurious and requested to speak to Pss Greene for mental health treatment but was denied
7. on 2-2-19 Plaintiff received an inmate appeal for misconduct D181607 where Plaintiff destroyed state property and engaged in self harm despite DC Adm 801 stating inmates who destroy state property and engage in self harm will not be issued a misconduct however Jp Lither stated my cuts does not constitute a serious suicide attemp see grievance exhibit 2A 787146

8. on 2.11.19 Plaintiff spoke to LPM Swisher about JP Luther giving subordinates orders that Plaintiff self injury is not a serious matter and thus does not require attention LPM Swisher agreed with JP Luther and stated nothing will be done
- 9 on 3.21.19 Plaintiff and another inmate were engaging in self harm when C/O Cantrell conducted a security round nothing was done to stop Plaintiff and other inmate from harming ourselves
- 10 on 3.22.19 I raised these concerns to defendant Hollibaugh who stated just leave it alone Cait
- 11 on 5.4.19 at 1:00 PM ~~in the~~ Plaintiff was feeling suicidal and expressed these feelings to C/O Williams nothing was done to provide Plaintiff with mental health treatment
- 12 on 5.4.19 at approx 1:30 pm when C/O Williams did security round I showed him I was using a staple to mutilate myself Plaintiff was cutting wrist from 1:00 PM until at least 2:15 PM between this period RO Ralph approached Plaintiff door seen wounds and stated you have to go deeper Mr Cait then we will care
13. at some point between March of 2019 to May of 2019 JP Luther, deputy Civello, deputy Wakefield, C/LPM Garman, Major Sunderland a b Fisher and LPM Swisher held a meeting addressing Plaintiff self harm is not serious and should not be taking serious because Plaintiff is only trying to manipulate Plaintiff came across this information from Lt Morgan Lt Moore and several C/O's ~~to~~ assigned to the Bmx also see exhibit 3 declarations of other prisoners in program



14 on 7-28-19, expressed to C/O Shope that plaintiff was hearing voices telling me to kill myself defendant Shope only encouraged plaintiff to do so. Plaintiff was left inside of cell for hours cutting wrists with a staple writing with blood on the walls and throwing blood on window. Staff are failing to provide treatment or respond due to JP Luther deputy Rivello deputy Wakefield, CCPM Jorman, Major Sunderlands B. Fisher and LPM Swisser telling them to ignore ~~the~~ plaintiff during bouts of depression and suicide attempts.

15 on 8-5-19 Plaintiff told defendants Wakefield & Sunderland JP Luther and B. Fisher that Plaintiff was suicidal and JP Luther and all above stated they did not care because they did not have to deal with Plaintiff. At approx 2:00 PM B Fisher approached Plaintiff door and Plaintiff showed defendant that Plaintiff had cut wrist and walls were covered in blood and nothing was done.

16 on 8-9-19 Plaintiff was seen by dr Xue LPM Swisser and PRN Craze due to placement into P.O.C for suicide attempt. on this evaluation it was determined Plaintiff needed further treatment than what is offered at SCI Smithfield in the B.M.U. So placement into Mental health unit was necessary.

17 on 8-12-19 Plaintiff was discharged from POC and placed back into cell. Plaintiff then began to cut wrist with a razor provide by staff. Plaintiff again was placed in POC but no Mental Health treatment was provided during this period.

18 on 8-12-19 instead of providing Plaintiff with mental Health treatment Plaintiff was punished for exhibiting mental issues and retaliated on for filing grievances and lawsuits see declarations.

19 on 8-21-19, expressed to UM Fisher that Plaintiff was suicidal and was cutting up nothing was done to stop Plaintiff from cutting self.

20 on 8.22.19 plaintiff was feeling depressed and suicidal at 1:00 pm i told C/O Stombagh and um Fisher i began to cut myself with a razor and was left to bleed for at least 30 minutes allowing plaintiff to cover whole cell with blood due to loss of blood plaintiff laid down and ceased self harm due to lightheadedness and dizziness

21 on 8.23.19 at approx 10:30 AM Lt Morgan approached plaintiff cell and stated Cant give me the razor and your going into the restraint chair plaintiff lied and told Morgan that there was no razor plaintiff was placed in restraint chair despite the fact that plaintiff was doing nothing at this point plaintiff expressed that and Lt Morgan stated it does not matter the deputies and iuther want this

22 on 8.23.19 despite the fact that they placed plaintiff in chair to retrieve razor so it was said plaintiff was let out the restraint chair only to be allowed to resume self harm

23 on 9.14.19 plaintiff was in cell when C/O Stombagh was passing out meals defendant got verbally aggressive started making threats due to plaintiff filing grievance about 8.22.19 incident

24 on 9.14.19 at approx 10:00 pm Certified Peer Specialist Williams came to plaintiff door to resolve the issue about not getting meal multiple C/O's brought meals to plaintiff cell to feed plaintiff but all refused to feed plaintiff when plaintiff filed grievance C/O's fabricated a story to make it seem as if it was plaintiffs fault

25 on 9.14.19 at approx 12:30 Plaintiff was standing at door when defendant administered o/c for no reason at all so plaintiff covered face with force plaintiff spoke to security abouts threats the staff had made on 9.8.19 thus force was sadistic and malicious and excessive

26 On 10-22-19 at approx 7:00 PM Plaintiff expressed to C/O Shope that Plaintiff was ~~and~~ suicidal defendant Shope ignored Plaintiff at approx 7:30pm Plaintiff Covered Cell door to get a Lt to take Plaintiff to p.o.c instead of getting Lt C/O Shope stated this has already been discussed by Mrt and p.o.c & Plaintiff was subjected to excessive force because defendant Shope administered o/c

27 Lt arrived after o/c was administered no chance of de-escalation and Force Continuum was not adhered to Staff Continue to apply force for minor infractions and no policy or training is being followed

28 on 10-22-19 once Plaintiff was placed in Strip Cage to do a Strip Search Plaintiff refused a Strip Search and was forced by Defendant Shope on orders from Lt Moore Plaintiff was not aggressive or violating any policy Plaintiff hands was on the wall and Back turned so Plaintiff posed no threat None did Plaintiff make any threats

29. once Plaintiff was inside Cell on 10-22-19 Plaintiff began to bite ~~the~~ holes in arms Lt Moore was notified but nothing was done to stop Plaintiff from harming self from 7:30 pm until 10:30 pm Plaintiff was left biting back in arm until Plaintiff hit an artery

30 On 10-22-19 at approx 10:30pm C/O John doe Conducted a security round and saw Plaintiff Cell Covered in blood C/O John doe Contacted Lt Glassko

31 On 10-22-19 at approx 10:30pm when Lt Glassko saw Plaintiff Cell Medical was called Plaintiff was taken to Medical since Plaintiff was suicidal Plaintiff refused treatment but Plaintiff was not placed in p.o.c for mental health treatment



32 on 10-22-19 at approx 11:00pm Plaintiff was placed in Cell and left bleeding all night

33 on 10-23-19 at approx 6:00AM C/O Williams noticed that JB 2 Cell was Covered in blood and the Sink was Filled with blood Lt Morgan was Called and Fifteen Minutes later Plaintiff was pulled from cell @ See video for J Block 2 Cell

34 on 10-23-19 ~~at~~ at approx 6:30AM Plaintiff was placed in Strip Cye and left bleeding until approx 7:30 AM 8:00AM

35. ~~do~~ on 10-23-19 due to extreme blood loss Plaintiff was Finally Placed in P.O.C but Plaintiff Still Refused Medical treatment

36 on 10-23-19 Plaintiff was in P.O.C walking around Cell profusely bleeding from wound untill approx 9:00 AM

37 ~~at~~ on 10-23-19 At approx 9:00AM Lt John Doe Came to Cell in P.O.C to place Plaintiff in restraint Chair Plaintiff Complied but was becoming delusional due to blood loss and aggressive due to blood loss arms were Numb and once placed in Chair C/O defendant hoy and six John Doe the Straps were placed on @ So tight Plaintiff Could not feel extremities and have bruises on arms buttocks and backs of ankles

38 ~~do~~ on 10-23-19 despite what policy States Plaintiff was held in Restraint Chair for nine hours with no Food and no exercise in the end Plaintiff receive IV and nine Stitches for wound

39 on 10-31-19 Plaintiff Filed Grievance Correction Plaintiff dropped Grievance in Grievance box for 10-22-19 violation retaliation and due process UM Fisher took retaliatory actions on other inmates and gave Plaintiff a copy OF inmates calls to family and ~~and~~ another inmates legal mail Lisa Hollibough took retaliatory actions and did not process Grievance with exhibits and no prison officials know where Grievance is



40 on 11-8-19 Plaintiff wrote Security to preserve video for 10-31-19 on 2-10 on 11-1-19 for evidence of placement of grievance in grievance box See grievance in exhibit 4 A

41 plaintiff arrived at @ SCF Smithfield on March 31-2018 during this period Lisa Hollibaugh ~~and~~ K. Grassmeyer and D. Jablocki have been hindering Plaintiff's grievance process until the filing of this Complaint See exhibit 5 A

42 On 6-28-19 @ grievance # 806414 was answered and admitted that grievance were not answered in accordance to dc Adm 204

43 on 11-4-19 Plaintiff was called to attend hearing for a rule violation hearing examiner Szelewski violated Plaintiff's due process under 801 and stated during the sanction hearing it's all fair in love and war that's what happens when people file grievances and law suits

44 on 8-22-19 Lisa Hollibaugh retaliated for plaintiff filing grievances She placed Plaintiff on grievance restriction because grievance officers stating Plaintiff suicide attempts were frivolous

45 due to grievance restriction Plaintiff can not file grievance about access to law library there is no keyboard to do law work See request slips exhibit 6

46 On 10-23-19 due to extreme blood loss Plaintiff lost consciousness numerous times on 10-23-19

47 due to Plaintiff Filing grievances and @ lawsuits defendants Retaliated By Not allowing plaintiff access to abuse hotline <sup>and</sup> other measures to report violations plaintiff has no reasonable avenue to report violations without being Retaliated on

48 defendants are Punishing Plaintiff for exhibiting Mental disfunctions

49 defendant Fisher is intentionally Singling out Plaintiff due to grievances and lawsuit defendant has issued Plaintiff Miscandacts for violations that all inmates do defendant wrote Plaintiff up for Misuse of Phone attached is phone log and Bmu privilege sheet to show that other prisoners misuse the phone as well and defendant has a personal issues with Plaintiff

50 defendant Fisher gave Plaintiff Phone log in order to Create Conflict between Plaintiff and other prisoners defendant Fisher has done this act before in which Plaintiff was assaulted due to defendant Showing Plaintiffs Request slips Sec declarations

51 defendants have threatend Plaintiff on Numerous occassions telling him that if he did not stop Filing grievances that he will end up on restricted release

52 defendant Fisher Put out a memo on 10-20-19 telling Bmu staff that plaintiff may not use the abuse hotline defendants hallibough J P Luther revello workfield or major Sunderland did not approve such restriction defendant Fisher took it upon himself to place Plaintiff on such restriction in order to Retaliate and Keep Plaintiff Complaints in house for no outside investigations to be Conducted

53 defendant Stombaugh Continues to Retaliate For grievance dated 8-22-19 and defendant Continues to Sexually harass when plaintiff reports this to Lt Rankin who stated i dont beleive you and i am Marking it down that you are lying Lt Rankin is also retaliating for filing preas he issues a dc 141 in order to retaliate for making him do work

54 defendant Fisher has plaintiff on permanent Spithead inmates are Calling plaintiff hannibal lecter and Causing plaintiff to become depressed

55 due to defendants Fisher Memo stating plaintiff Can not use the Abuse hotline Staff are retaliating on plaintiff for loggin Complaints

56 on 11-8-19 Lt McGrath emailed Lisa Hallibaugh in regards to Missing grievance Plaintiff filed on 11-1-19

57 defendants Luther, Wakefield, Rivello, P Fisher Major Sunderland were all aware plaintiff had a razor and engaged in Self-harm

58 Plaintiff has Filed Numerous request slips in regards to defective law library

## Basis for Jurisdiction D

to establish Cruel and unusual Punishment incorporate Paragraphs 1-46

to establish Failure to protect Claims incorporate Paragraphs 1-46

to establish Americans disability Act incorporate Paragraphs 1-46

to establish due process ~~etc~~ incorporate Paragraphs 1-46

to establish unconstitutional Conditions of Confinement incorporate Paragraphs 1-46

to establish deliberate indifference incorporate paragraphs 1-46

to establish retaliation incorporate paragraphs 1-46

to establish excessive use of force incorporate paragraph 23-25 and Paragraph 26-46

to establish equal Protection violation incorporate Paragraphs 1-48

to establish First amendment violations incorporate 1-46



Defendant No. 2Name DICKSONJob title C/O 1Shield Number unknownEmployer JP LutherAddress 1120 Pike St Box 999Huntingdon  
CityPA  
State16652  
Zip Code☒ Individual Capacity☐ Official Capacitydefendant No.   Name   Job title   Shield Number   Employer   Address   t. dellC/O 1unknownJP Luther1120 Pike St Box 999Huntingdon  
CityPA  
State16652  
Zip Code☒ Individual Capacity☐ Official Capacitydefendant No.   Name   Job title   Shield Number   Employer   Address   J WasikoC/O 1U/KJP Luther1120 Pike St Box 999Huntingdon  
CityPA  
State16652  
Zip Code☒ Individual Capacity☐ Official Capacity

Defendant No. ●Name SwissnerJob title L PMShield Number U/KEmployer JP LutherAddress 1120 Pike St Box 999City HuntingdonState PAZip Code 16652☒ Individual Capacity☒ Official CapacityDefendant No.   Name d WilliamsJob title C/O 1Shield Number UnknownEmployer JP LutherAddress 1120 Pike St Box 999City HuntingdonState PAZip Code 16652☒ Individual Capacity☒ Official CapacityDefendant No.   Name C. ShepeJob title C/O 1Shield Number UnknownEmployer JP LutherAddress 1120 Pike St Box 999City HuntingdonState PAZip Code 16652☒ Individual Capacity☒ Official Capacity

\* Sunderland

Major

unk

JP Luther

1120 Pike St Box 999

PA  
State

16652  
Zip Code

☒ Individual Capacity

☒ Official Capacity

defendant No.

C. Garman

CC PM

WAK

JP Luther

1120 Pike St Box 999

Huntingdon  
city

PA  
State

16652  
Zip Code

Individual Capacity

☒ Official Capacity

defendant No.

B. Fisher

## Unit Manager

~~405~~

Luther

1120 PIKE ST BOX 949

Hastingsden  
City &

PA  
Stat

16652  
Zip Corp

✓ Individual Capacity

Official Capacity

K Grass Myer

Mail Room Supervisor

mk

JP Luther

H20 pikest Box 999

Huntingdon  
City

PA  
State

10652  
Zip Code

☑ Individual Capacity

☒ Official Capacity

defendant No.

Name

Job title

Shield Number

employer

address

e. Stombaugh

2/10

unknown

JP Luther

1120 Pike St Box 994

Huntingdon  
city

PA  
Stato

16652  
Zip Code

☒ individual capacity

☒ Official Capacity

defendant No.

Name

Job title

Shield number

Employer

Add 1035

Ralph

RV

дак

JP Luther

1120 pike St Box 999

~~Huntingdon~~  
~~City~~

PA  
State

16656  
Zip Code

17 Individual Capacity

Official Capacity



Defendant No.                     Name                                     Job title                                     Shield Number                                     Employer                                     Address                                     d JeblackiBusiness ManagerunknownJP Luther1120 Pike St Box 929Huntingdon  
CityPA  
State16652  
Zip Code☒ Individual Capacity☐ Official Capacitydefendant No.                     Name                                     Job title                                     Shield Number                                     Employer                                     Address                                     Selewskihearing examinerJohn Wetzel1920 technology ParkwayMechanicsburg  
CityPA  
State17050  
Zip Code☒ Individual Capacity☐ Official Capacitydefendant No.                     Name                                     Job title                                     Shield Number                                     Employer                                     Address     
City                                      
State                                      
Zip Code☐ Individual Capacity☐ Official Capacity

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

## Defendant No. 3

Name Wakefield  
 Job or Title (if known) deputy  
 Shield Number unknown  
 Employer J P Luther  
 Address 1120 pike st Box 999  
Huntingdon PA 16652  
City State Zip Code  
☒ Individual capacity ☒ Official capacity

## Defendant No. 4

Name Livella  
 Job or Title (if known) deputy  
 Shield Number unknown  
 Employer J P Luther  
 Address 1120 pike st Box 999  
Huntingdon PA 16652  
City State Zip Code  
☒ Individual capacity ☒ Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

## A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)  
☒ State or local officials (a § 1983 claim)

## B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Ada 8<sup>th</sup> amendment Cruel and unusual punishment, Failure to protect, equal protection  
Procedural due process, deliberate indifference unconstitutional conditions of confinement

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

---

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.
- 

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) \_\_\_\_\_
- 

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.
- 

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.
-

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

---

C. What date and approximate time did the events giving rise to your claim(s) occur?

---

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

---

**V. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Permanant Cut Marks on ~~the~~ Forearms Numbness in arms  
Marks on back of ankles Stitches on Left forearm  
Marks on Shoulders

---

**VI. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Plaintiff request to be granted injunctive relief be granted appointment of  
Counsel be granted and 250,000.00 dollars

---



Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

*SCI Smithfield*

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

*Cruel and unusual punishment, deliberate indifference, unconstitutional conditions of confinement  
Failure to protect, Procedural due process, and equal protection*

## Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

- E. If you did file a grievance:

1. Where did you file the grievance? *at sci Smithfield but Staff Continued to Stonewall grievance procedure at all stages thus defaulting per PLRA See due process grievances*

2. What did you claim in your grievance? *failure to protect, deliberate indifference, Cruel and unusual punishment, due process, ADA violations, equal protection, unconstitutional conditions of confinement*

3. What was the result, if any? *all were denied or stonewalled or not responded to at all*

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)  
*attempted to continue to exhaust per PLRA requirements*

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

defendant hollibaugh refused to cooperate  
with PLRA rules

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any: plaintiff wrote several request slips to prison officials to no availability

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. plaintiff filed numerous due process grievances in regards to delayed grievances and stonewalled tactics

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

### VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

## Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☒ Yes

☐ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) Kevin Coit

Defendant(s) M Jarman

2. Court (if federal court, name the district; if state court, name the county and State)

in the middle district of PA

3. Docket or index number

1:17-CV-1438

4. Name of Judge assigned to your case

Yvette Kane

5. Approximate date of filing lawsuit

8-12-19

6. Is the case still pending?

☒ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

the case has been appealed

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?



Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

☒ Yes☐ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) Kevin Cost

Defendant(s) B fisher

2. Court (if federal court, name the district; if state court, name the county and State)

in the middle district of PA

3. Docket or index number

4. Name of Judge assigned to your case

Yvette Kane

5. Approximate date of filing lawsuit

12-28-18

6. Is the case still pending?

☒ Yes

☐ No

If no, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11.11.19

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

[Signature]  
Coff Kevin  
Kd2601  
1120 Pike St Box 999  
Huntingdon PA 16652  
City State Zip Code

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Telephone Number

E-mail Address

\_\_\_\_\_  
\_\_\_\_\_

INMATE MAIL  
PA DEPARTMENT  
OF CORRECTIONS



U.S. POSTAGE® PTNEY BOWES  
ZIP 15652  
PA 15  
\$008.30<sup>00</sup>  
9501395401 NOV 25 2019

RECEIVED  
SCRANTON

NOV 27 2019

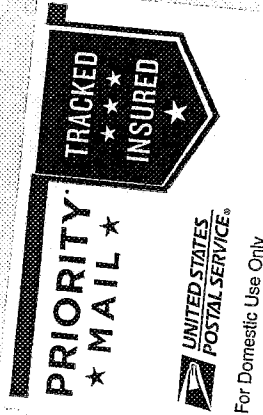
PER  DEPUTY CLERK

Office of the Clerk

235 N Washington Ave

Box 1148

Scranton PA 18501



For Domestic Use Only



Label 400 Jan. 2013  
7500-15-000-7948

FILED  
SCRANTON

NOV 27 2019

PER AMO  
DEPUTY CLERK

exhibit 1  
diagnosis

COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1011-01

Individual Recovery Plan

Current Location:

Recovery Plan:

☒ Review

IRP Purpose:

MH/ID Roster:

D

MH/ID D Roster Patients Only

MH/ID D Roster due to:

NO ANSWER PROVIDED

Next Regular Scheduled Due Date of IRP:

☒ Specific Date

Specify Date:

07/22/2019

Current Housing Unit:

J-A-1011-01

IQ:

☒ Average

Diagnosis:

F60.2 - \*\*[F60.2]\*\* Antisocial personality disorder - [FORSYTH, LISA] - 2017-02-24F60.3 - \*\*[F60.3]\*\* Borderline personality disorder - [NEWTON, ANDREW] - 2017-07-25F11.20 - \*\*[F11.20b]\*\* Opioid use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F12.20 - \*\*[F12.20b]\*\* Cannabis use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F13.20 - \*\*[F13.20b]\*\* Sedative, hypnotic, or anxiolytic use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F14.20 - \*\*[F14.20b]\*\* Cocaine use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F16.20 - \*\*[F16.20b]\*\* Other hallucinogen use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F43.10 - \*\*[F43.10a]\*\* Posttraumatic stress disorder, no dissociative symptoms - [XUE, BAOGANG] - 2015-06-25

Goals for TreatmentTreatment Goal #1-Developed by the Individual and the Treatment Team

Treatment Goal #1:

☒ Coping Skills

Individualized description of Recovery Goal:

Maintain coping skills and remain positive

Individual Recovery Plan - Psychology

Psychiatric recovery plan for patients

Patient Name: COIT, KEVIN

Patient Number: KX2601

Location: J-A-1011-01

DOB: 4/13/1990

Facility:

Electronically Signed By CRISTE, JULIE on 6/24/2019 9:54:12 AM



COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1011-01

Individual Recovery Plan

Current Location:

Recovery Plan:

☒ Review

IRP Purpose:

MH/ID Roster:

D

MH/ID D Roster Patients Only

MH/ID D Roster due to:

NO ANSWER PROVIDED

Next Regular Scheduled Due Date of IRP:

☒ Specific Date

Specify Date:

07/22/2019

Current Housing Unit:

J-A-1011-01

IQ:

☒ Average

Diagnosis:

F60.2 - \*\*[F60.2]\*\* Antisocial personality disorder - [FORSYTH, LISA] - 2017-02-24 F60.3 - \*\*[F60.3]\*\* Borderline personality disorder - [NEWTON, ANDREW] - 2017-07-25 F11.20 - \*\*[F11.20b]\*\* Opioid use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04 F12.20 - \*\*[F12.20b]\*\* Cannabis use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04 F13.20 - \*\*[F13.20b]\*\* Sedative, hypnotic, or anxiolytic use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04 F14.20 - \*\*[F14.20b]\*\* Cocaine use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04 F16.20 - \*\*[F16.20b]\*\* Other hallucinogen use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04 F43.10 - \*\*[F43.10a]\*\* Posttraumatic stress disorder, no dissociative symptoms - [XUE, BAOGANG] - 2015-06-25

Goals for TreatmentTreatment Goal #1-Developed by the Individual and the Treatment Team

Treatment Goal #1:

☒ Coping Skills

Individualized description of Recovery Goal:

Maintain coping skills and remain positive

Individual Recovery Plan - Psychology

Psychiatric recovery plan for patients

Patient Name: COIT, KEVIN

Patient Number: KX2601

Location: J-A-1011-01

DOB: 4/13/1990

Facility:

Electronically Signed By CRISTE, JULIE on 6/24/2019 9:54:12 AM

COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1011-01

**Start Date of Goal #1:**

04/03/2019

**Treatment Objective #1-Those Sequential Steps Needed to Reach Treatment Goals:**

1. I will continue to speak to staff at least 2 times daily, keep and open mind and continue to keep busy through concentrating on progressing back through the [REDACTED] phases
2. I will continue to work on maintaining positive behavior in order to progress through phase 2 of the [REDACTED] program

**Add Treatment Goal #2:**☒ Yes**Treatment Goal #2-Developed by the Individual and the Treatment Team****Treatment Goal #2:**☒ Communication Skills**Individualized description of Recovery Goal:**

I will continue to be open with staff about my emotions in order to avoid conflict or regression

**Start Date of Goal #2:**

04/22/2019

**Treatment Objective #2-Those Sequential Steps Needed to Reach Treatment Goals:**

1. I will express my emotions in a positive manner at least 1 time daily
2. I will explore at least 2 healthy ways of communicating in order to gain feedback and insight into my thinking processes

**Add Treatment Goal #3:**☒ Yes**Treatment Goal #3-Developed by the Individual and the Treatment Team****Treatment Goal #3:**☒ Other**Individualized description of Recovery Goal:**

I will continue to address my post traumatic stress disorder symptoms

**Start Date of Goal #3:**

04/22/2019

**Treatment Objective #3-Those Sequential Steps Needed to Reach Treatment Goals:****Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

Patient Name: COIT, KEVIN

Patient Number: KX2601

Location: J-A-1011-01

DOB: 4/13/1990

Facility: [REDACTED]

Electronically Signed By CRISTE, JULIE on 6/24/2019 9:54:12 AM

COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1011-01

1. I will attend [REDACTED] programming daily or as offered in order to socialize with others in a positive manner
2. I will identify 3 situations that could trigger my PTSD

**Add Treatment Goal #4:**

NO ANSWER PROVIDED

**Summary discussion in collaboration with the individual:**

Mr. Coit did not want to change his IRP at this time. He is currently a [REDACTED] phase 3 working toward progressing to a [REDACTED] phase 2. Mr. Coit attends all treatment sessions and shows an overall willingness to graduate the program. He does have difficulties at times, but has coped with his challenges without being placed on accountability status or turning to self-harming behaviors.

**Interventions and Treatment Modalities Offered****Psychiatry:**

Seen every 2 weeks

**Medications:**

Take as prescribed

**Psychology:**

Seen daily, weekly individual therapy sessions, several groups offered weekly

**Social Work:**

NO ANSWER PROVIDED

**AOD:**

NO ANSWER PROVIDED

**Activities:**

Daily activities offered

**Education:**

Weekly groups offered

[REDACTED]

Daily prosocial interactions. Continued encouragement to progress through the [REDACTED] program

**Current Level of Care Placement:**☒ Behavioral Management Unit**Continued Need for Current Level of Care Placement:**☒ Yes**Reason why continued Level of Care Placement:****Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

**Patient Name:** COIT, KEVIN**Patient Number:** KX2601**Location:** J-A-1011-01**DOB:** 4/13/1990**Facility:** [REDACTED]**Electronically Signed By** CRISTE, JULIE on 6/24/2019 9:54:12 AM

COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1011-01

Mr. Coit needs to continue maintaining a stable mindset. He should apply healthy coping skills during times of frustration.

**Comment on Continued Need for Current Level of Care Placement:**

Mr. Coit needs to graduate the [REDACTED] program

**Signature of Individual and Treatment Team Members****Individual Availability:**

☒ Individual present at Treatment Team

**Agreement/Disagreement with Recovery/Treatment Plan:**

☒ I agree with this Treatment Plan

By agreeing with the treatment plan I acknowledge that I have had the opportunity to review and ask questions about my Treatment Plan and agree to cooperate with Mental Health.

**Treatment Team Review****On this date:**

06/19/2019

**the Psychiatric Review Team met, discussed, and agreed with the above outlined Individual Recovery Plan:**

☒ Yes

**Disciplines Present at PRT:**

☒ Psychiatrist/PCRNP ☒ Licensed Psychologist Manager ☒ Psychology Staff ☒ Unit Manager ☒ Counselor ☒ Custody Staff  
☒ Other

**Name of Psychiatrist/PCRNP:**

Dr. Polmueller

**Name of Licensed Psychologist Manager:**

LPM Swisher

**Name of Psychology Staff:**

PSS Criste

**Name of Unit Manager:**

UM Fisher

**Name of Counselor:**

CC2 Pasquale

[REDACTED]

[REDACTED]

**Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

**Patient Name:** COIT, KEVIN

**Patient Number:** KX2601

**Location:** J-A-1011-01

**DOB:** 4/13/1990

**Facility:** [REDACTED]


**Electronically Signed By** CRISTE, JULIE on 6/24/2019 9:54:12 AM

COIT, KEVIN #KX2601

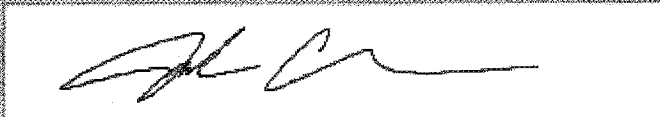
DOB: 4/13/1990 (29y) Location: J-A-1011-01

**Specify Other Discipline(s) Present at PRT:**

RN Cruz

Signatures


COIT, KEVIN  
Captured On: 06/24/19 09:54:12



J. Criste  
Captured On: 06/24/19 09:54:12

**Save Log**

User Name	Audit Date
CRISTE, JULIE	6/24/2019 9:54:12 AM
CRISTE, JULIE	6/24/2019 8:27:46 AM
CRISTE, JULIE	6/19/2019 9:35:15 AM

**Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

Patient Name: COIT, KEVIN

Patient Number: KX2601

Location: J-A-1011-01

DOB: 4/13/1990

Facility: [REDACTED]

Electronically Signed By CRISTE, JULIE on 6/24/2019 9:54:12 AM



COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1011-01

Individual Recovery Plan

Current Location:

Recovery Plan:

☒ Review

IRP Purpose:

☒ [REDACTED]

MH/ID Roster:

D

MH/ID D Roster Patients Only

MH/ID D Roster due to:

NO ANSWER PROVIDED

Next Regular Scheduled Due Date of IRP:

☒ Specific Date

Specify Date:

07/22/2019

Current Housing Unit:

J-A-1011-01

IQ:

☒ Average

Diagnosis:

F60.2 - \*\*[F60.2]\*\* Antisocial personality disorder - [FORSYTH, LISA] - 2017-02-24F60.3 - \*\*[F60.3]\*\* Borderline personality disorder - [NEWTON, ANDREW] - 2017-07-25F11.20 - \*\*[F11.20b]\*\* Opioid use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F12.20 - \*\*[F12.20b]\*\* Cannabis use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F13.20 - \*\*[F13.20b]\*\* Sedative, hypnotic, or anxiolytic use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F14.20 - \*\*[F14.20b]\*\* Cocaine use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F16.20 - \*\*[F16.20b]\*\* Other hallucinogen use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F43.10 - \*\*[F43.10a]\*\* Posttraumatic stress disorder, no dissociative symptoms - [XUE, BAOGANG] - 2015-06-25

Goals for TreatmentTreatment Goal #1-Developed by the Individual and the Treatment Team

Treatment Goal #1:

☒ Coping Skills

Individualized description of Recovery Goal:

Maintain coping skills and remain positive

Individual Recovery Plan - Psychology

Psychiatric recovery plan for patients

Patient Name: COIT, KEVIN

Patient Number: KX2601

Location: J-A-1011-01

DOB: 4/13/1990

Facility: [REDACTED]

Electronically Signed By CRISTE, JULIE on 6/24/2019 9:54:12 AM

COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1011-01

**Start Date of Goal #1:**

04/03/2019

**Treatment Objective #1-Those Sequential Steps Needed to Reach Treatment Goals:**

1. I will continue to speak to staff at least 2 times daily, keep an open mind and continue to keep busy through concentrating on progressing back through the [REDACTED] phases
2. I will continue to work on maintaining positive behavior in order to progress through phase 2 of the [REDACTED] program

**Add Treatment Goal #2:**☒ Yes**Treatment Goal #2-Developed by the Individual and the Treatment Team****Treatment Goal #2:**☒ Communication Skills**Individualized description of Recovery Goal:**

I will continue to be open with staff about my emotions in order to avoid conflict or regression

**Start Date of Goal #2:**

04/22/2019

**Treatment Objective #2-Those Sequential Steps Needed to Reach Treatment Goals:**

1. I will express my emotions in a positive manner at least 1 time daily
2. I will explore at least 2 healthy ways of communicating in order to gain feedback and insight into my thinking processes

**Add Treatment Goal #3:**☒ Yes**Treatment Goal #3-Developed by the Individual and the Treatment Team****Treatment Goal #3:**☒ Other**Individualized description of Recovery Goal:**

I will continue to address my post traumatic stress disorder symptoms

**Start Date of Goal #3:**

04/22/2019

**Treatment Objective #3-Those Sequential Steps Needed to Reach Treatment Goals:****Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

Patient Name: COIT, KEVIN

Patient Number: KX2601

Location: J-A-1011-01

DOB: 4/13/1990

Facility: [REDACTED]

Electronically Signed By CRISTE, JULIE on 6/24/2019 9:54:12 AM

COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1011-01

1. I will attend [REDACTED] programming daily or as offered in order to socialize with others in a positive manner
2. I will identify 3 situations that could trigger my PTSD

**Add Treatment Goal #4:**

NO ANSWER PROVIDED

**Summary discussion in collaboration with the individual:**

Mr. Coit did not want to change his IRP at this time. He is currently a [REDACTED] phase 3 working toward progressing to a [REDACTED] phase 2. Mr. Coit attends all treatment sessions and shows an overall willingness to graduate the program. He does have difficulties at times, but has coped with his challenges without being placed on accountability status or turning to self-harming behaviors.

**Interventions and Treatment Modalities Offered****Psychiatry:**

Seen every 2 weeks

**Medications:**

Take as prescribed

**Psychology:**

Seen daily, weekly individual therapy sessions, several groups offered weekly

**Social Work:**

NO ANSWER PROVIDED

**AOD:**

NO ANSWER PROVIDED

**Activities:**

Daily activities offered

**Education:**

Weekly groups offered

[REDACTED]

Daily prosocial interactions. Continued encouragement to progress through the [REDACTED] program

**Current Level of Care Placement:**☒ Behavioral Management Unit**Continued Need for Current Level of Care Placement:**☒ Yes**Reason why continued Level of Care Placement:****Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

Patient Name: COIT, KEVIN

Patient Number: KX2601

Location: J-A-1011-01

DOB: 4/13/1990

Facility: [REDACTED]

Electronically Signed By CRISTE, JULIE on 6/24/2019 9:54:12 AM

COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1011-01

Mr. Coit needs to continue maintaining a stable mindset. He should apply healthy coping skills during times of frustration.

**Comment on Continued Need for Current Level of Care Placement:**

Mr. Coit needs to graduate the [REDACTED] program

**Signature of Individual and Treatment Team Members****Individual Availability:**

☒ Individual present at Treatment Team

**Agreement/Disagreement with Recovery/Treatment Plan:**

☒ I agree with this Treatment Plan

By agreeing with the treatment plan I acknowledge that I have had the opportunity to review and ask questions about my Treatment Plan and agree to cooperate with Mental Health.

**Treatment Team Review****On this date:**

06/19/2019

the Psychiatric Review Team met, discussed, and agreed with the above outlined Individual Recovery Plan:

☒ Yes

**Disciplines Present at PRT:**

☒ Psychiatrist/PCRNP ☒ Licensed Psychologist Manager ☒ Psychology Staff ☒ Unit Manager ☒ Counselor ☒ Custody Staff  
☒ Other

**Name of Psychiatrist/PCRNP:**

Dr. Polmueller

**Name of Licensed Psychologist Manager:**

LPM Swisher

**Name of Psychology Staff:**

PSS Criste

**Name of Unit Manager:**

UM Fisher

**Name of Counselor:**

CC2 Pasquale

**Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

Patient Name: COIT, KEVIN

Patient Number: KX2601

Location: J-A-1011-01

DOB: 4/13/1990

Facility: [REDACTED]

Electronically Signed By CRISTE, JULIE on 6/24/2019 9:54:12 AM

COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1011-01

**Specify Other Discipline(s) Present at PRT:**

RN Cruz

**Signatures**


COIT, KEVIN

Captured On: 06/24/19 09:54:12



J. Criste

Captured On: 06/24/19 09:54:12

**Save Log**

User Name	Audit Date
CRISTE, JULIE	6/24/2019 9:54:12 AM
CRISTE, JULIE	6/24/2019 8:27:46 AM
CRISTE, JULIE	6/19/2019 9:35:15 AM

**Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

**Patient Name:** COIT, KEVIN**Patient Number:** KX2601**Location:** J-A-1011-01**DOB:** 4/13/1990**Facility:** [REDACTED]**Electronically Signed By** CRISTE, JULIE on 6/24/2019 9:54:12 AM



COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1012-01

Individual Recovery Plan**Current Date:**

07/05/2019

**Current Location:**

SCI SMITHFIELD

**Recovery Plan:**☒ Change of Status**IRP Purpose:**☒ Accountability Status**MH/ID Roster:**

D

MH/ID D Roster Patients Only**MH/ID D Roster due to:**

NO ANSWER PROVIDED

**Next Regular Scheduled Due Date of IRP:**☒ Specific Date**Specify Date:**

07/22/2019

**Current Housing Unit:**

J-B-1005-01

**IQ:**☒ Average**Diagnosis:**

F60.2 - \*\*[F60.2]\*\* Antisocial personality disorder - [FORSYTH, LISA] - 2017-02-24F60.3 - \*\*[F60.3]\*\* Borderline personality disorder - [NEWTON, ANDREW] - 2017-07-25F11.20 - \*\*[F11.20b]\*\* Opioid use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F12.20 - \*\*[F12.20b]\*\* Cannabis use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F13.20 - \*\*[F13.20b]\*\* Sedative, hypnotic, or anxiolytic use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F14.20 - \*\*[F14.20b]\*\* Cocaine use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F16.20 - \*\*[F16.20b]\*\* Other hallucinogen use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F43.10 - \*\*[F43.10a]\*\* Posttraumatic stress disorder, no dissociative symptoms - [XUE, BAOGANG] - 2015-06-25

**Staff Discussion:**

Mr. Coit was placed on accountability status on 07/02/2019 after his razor broke. All pieces of the razor were not recovered right away and Mr. Coit was placed on accountability. He was then released on 07/03/2019. Mr. Coit is now on razor restriction.

Goals for Treatment**Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

**Patient Name:** COIT, KEVIN**Patient Number:** KX2601**Location:** J-A-1012-01**DOB:** 4/13/1990**Facility:** SCI SMITHFIELD**Electronically Signed By** CRISTE, JULIE on 7/8/2019 10:05:28 AM

COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1012-01

**Individual Recovery Plan****Current Date:**

07/05/2019

**Current Location:**

SCI SMITHFIELD

**Recovery Plan:**☒ Change of Status**IRP Purpose:**☒ Accountability Status**MH/ID Roster:**

D

**MH/ID D Roster Patients Only****MH/ID D Roster due to:**

NO ANSWER PROVIDED

**Next Regular Scheduled Due Date of IRP:**☒ Specific Date**Specify Date:**

07/22/2019

**Current Housing Unit:**

J-B-1005-01

**IQ:**☒ Average**Diagnosis:**

F60.2 - \*\*[F60.2]\*\* Antisocial personality disorder - [FORSYTH, LISA] - 2017-02-24F60.3 - \*\*[F60.3]\*\* Borderline personality disorder - [NEWTON, ANDREW] - 2017-07-25F11.20 - \*\*[F11.20b]\*\* Opioid use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F12.20 - \*\*[F12.20b]\*\* Cannabis use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F13.20 - \*\*[F13.20b]\*\* Sedative, hypnotic, or anxiolytic use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F14.20 - \*\*[F14.20b]\*\* Cocaine use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F16.20 - \*\*[F16.20b]\*\* Other hallucinogen use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F43.10 - \*\*[F43.10a]\*\* Posttraumatic stress disorder, no dissociative symptoms - [XUE, BAOGANG] - 2015-06-25

**Staff Discussion:**

Mr. Coit was placed on accountability status on 07/02/2019 after his razor broke. All pieces of the razor were not recovered right away and Mr. Coit was placed on accountability. He was then released on 07/03/2019. Mr. Coit is now on razor restriction.

**Goals for Treatment****Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

**Patient Name:** COIT, KEVIN**Patient Number:** KX2601**Location:** J-A-1012-01**DOB:** 4/13/1990**Facility:** SCI SMITHFIELD**Electronically Signed By** CRISTE, JULIE on 7/8/2019 10:05:28 AM

COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1012-01

Individual Recovery Plan**Current Date:**

07/18/2019

**Current Location:**

SCI SMITHFIELD

**Recovery Plan:**☒ Review**IRP Purpose:**☒ Monthly**MH/ID Roster:**

D

MH/ID D Roster Patients Only**MH/ID D Roster due to:**

NO ANSWER PROVIDED

**Next Regular Scheduled Due Date of IRP:**☒ Specific Date**Specify Date:**

08/19/2019

**Current Housing Unit:**

J-A-1012-01

**IQ:**☒ Average**Diagnosis:**

F60.2 - \*\*[F60.2]\*\* Antisocial personality disorder - [FORSYTH, LISA] - 2017-02-24F60.3 - \*\*[F60.3]\*\* Borderline personality disorder - [NEWTON, ANDREW] - 2017-07-25F11.20 - \*\*[F11.20b]\*\* Opioid use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F12.20 - \*\*[F12.20b]\*\* Cannabis use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F13.20 - \*\*[F13.20b]\*\* Sedative, hypnotic, or anxiolytic use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F14.20 - \*\*[F14.20b]\*\* Cocaine use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F16.20 - \*\*[F16.20b]\*\* Other hallucinogen use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F43.10 - \*\*[F43.10a]\*\* Posttraumatic stress disorder, no dissociative symptoms - [XUE, BAOGANG] - 2015-06-25

Goals for TreatmentTreatment Goal #1-Developed by the Individual and the Treatment Team**Treatment Goal #1:**☒ Coping Skills**Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

**Patient Name:** COIT, KEVIN**Patient Number:** KX2601**Location:** J-A-1012-01**DOB:** 4/13/1990**Facility:** SCI SMITHFIELD**Electronically Signed By** GREENE, STACEY on 7/22/2019 9:41:47 AM

COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1012-01

**Current Level of Care Placement:**☒ Behavioral Management Unit**Continued Need for Current Level of Care Placement:**☒ Yes**Reason why continued Level of Care Placement:**

Mr. Coit is doing well and attending all of his programming, he has a positive outlook appears to be trying to complete the program. He should apply healthy coping skills during times of frustration.

**Comment on Continued Need for Current Level of Care Placement:**

remain in the BMU program

**Signature of Individual and Treatment Team Members****Individual Availability:**☒ Individual present at Treatment Team**Agreement/Disagreement with Recovery/Treatment Plan:**☒ I agree with this Treatment Plan

By agreeing with the treatment plan I acknowledge that I have had the opportunity to review and ask questions about my Treatment Plan and agree to cooperate with Mental Health.

**Treatment Team Review****On this date:**

07/18/2019

**the Psychiatric Review Team met, discussed, and agreed with the above outlined Individual Recovery Plan:**☒ Yes**Disciplines Present at PRT:**

☒ Psychiatrist/PCRN ☒ Licensed Psychologist Manager ☒ Psychology Staff ☒ Unit Manager ☒ Counselor ☒ Activities

☒ Custody Staff ☒ Other

**Name of Psychiatrist/PCRN:**

Dr. Polmueller

**Name of Licensed Psychologist Manager:**

LPM Swisher

**Name of Psychology Staff:**

J. Criste

**Name of Unit Manager:****Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

**Patient Name:** COIT, KEVIN

**Patient Number:** KX2601

**Location:** J-A-1012-01

**DOB:** 4/13/1990

**Facility:** SCI SMITHFIELD

**Electronically Signed By** GREENE, STACEY on 7/22/2019 9:41:47 AM

COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1011-01

1. I will attend [REDACTED] programming daily or as offered in order to socialize with others in a positive manner
2. I will identify 3 situations that could trigger my PTSD

**Add Treatment Goal #4:**

NO ANSWER PROVIDED

**Summary discussion in collaboration with the individual:**

Mr. Coit did not want to change his IRP at this time. He is currently a [REDACTED] phase 3 working toward progressing to a [REDACTED] phase 2. Mr. Coit attends all treatment sessions and shows an overall willingness to graduate the program. He does have difficulties at times, but has coped with his challenges without being placed on accountability status or turning to self-harming behaviors.

**Interventions and Treatment Modalities Offered****Psychiatry:**

Seen every 2 weeks

**Medications:**

Take as prescribed

**Psychology:**

Seen daily, weekly individual therapy sessions, several groups offered weekly

**Social Work:**

NO ANSWER PROVIDED

**AOD:**

NO ANSWER PROVIDED

**Activities:**

Daily activities offered

**Education:**

Weekly groups offered

[REDACTED]

Daily prosocial interactions. Continued encouragement to progress through the [REDACTED] program

**Current Level of Care Placement:**☒ Behavioral Management Unit**Continued Need for Current Level of Care Placement:**☒ Yes**Reason why continued Level of Care Placement:****Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

Patient Name: COIT, KEVIN

Patient Number: KX2601

Location: J-A-1011-01

DOB: 4/13/1990

Facility: [REDACTED]

Electronically Signed By CRISTE, JULIE on 6/24/2019 9:54:12 AM



COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1011-01

Mr. Coit needs to continue maintaining a stable mindset. He should apply healthy coping skills during times of frustration.

**Comment on Continued Need for Current Level of Care Placement:**

Mr. Coit needs to graduate the [REDACTED] program

**Signature of Individual and Treatment Team Members****Individual Availability:**

☒ Individual present at Treatment Team

**Agreement/Disagreement with Recovery/Treatment Plan:**

☒ I agree with this Treatment Plan

By agreeing with the treatment plan I acknowledge that I have had the opportunity to review and ask questions about my Treatment Plan and agree to cooperate with Mental Health.

**Treatment Team Review****On this date:**

06/19/2019

the Psychiatric Review Team met, discussed, and agreed with the above outlined Individual Recovery Plan:

☒ Yes

**Disciplines Present at PRT:**

☒ Psychiatrist/PCRNP ☒ Licensed Psychologist Manager ☒ Psychology Staff ☒ Unit Manager ☒ Counselor ☒ Custody Staff  
☒ Other

**Name of Psychiatrist/PCRNP:**

Dr. Polmueller

**Name of Licensed Psychologist Manager:**

LPM Swisher

**Name of Psychology Staff:**

PSS Criste

**Name of Unit Manager:**

UM Fisher

**Name of Counselor:**

CC2 Pasquale

[REDACTED]

[REDACTED]

**Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

Patient Name: COIT, KEVIN

Patient Number: KX2601

Location: J-A-1011-01

DOB: 4/13/1990

Facility: [REDACTED]

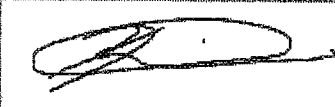
Electronically Signed By CRISTE, JULIE on 6/24/2019 9:54:12 AM

COIT, KEVIN #KX2601

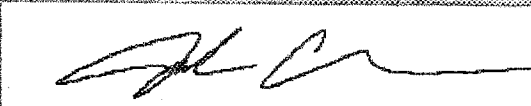
DOB: 4/13/1990 (29y) Location: J-A-1011-01

Specify Other Discipline(s) Present at PRT:

RN Cruz

Signatures


COIT, KEVIN  
Captured On: 06/24/19 09:54:12



J. Criste  
Captured On: 06/24/19 09:54:12

**Save Log**

User Name	Audit Date
CRISTE, JULIE	6/24/2019 9:54:12 AM
CRISTE, JULIE	6/24/2019 8:27:46 AM
CRISTE, JULIE	6/19/2019 9:35:15 AM

**Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

Patient Name: COIT, KEVIN

Patient Number: KX2601

Location: J-A-1011-01

DOB: 4/13/1990

Facility: [REDACTED]

Electronically Signed By CRISTE, JULIE on 6/24/2019 9:54:12 AM

DC-108  
Revised 12/07

**PENNSYLVANIA DEPARTMENT OF CORRECTIONS  
AUTHORIZATION FOR RELEASE OF INFORMATION<sup>1</sup>  
(THE EMPLOYEE/INMATE SHALL COMPLETE, CHECK, AND INITIAL ALL BOXES THAT APPLY)**

Name (print) <u>Coit Kevin</u>		Inmate/Employee # <u>KX2601</u>		Date of Birth <u>4-13-90</u>		Inmate Social Security #	
Medical/ Dental Records		Mental Health Records	<input checked="" type="checkbox"/>	Drug & Alcohol Treatment Records		HIV Information	Records (General)

I, the undersigned, hereby give my consent for:  
(name and address of facility/**responder**)

SCI Springfield  
Huntingdon PA

To release information to:  
(name and address of requester)

Self Pro Se

I hereby authorize the above named source to release or disclose information related to the above referenced records/  
information to the requester during the period beginning 1/6/16 and ending 7/12/17. The information being  
requested is:

Mental Health records  
Authorization for disclosure is being given for the purpose of:  
CV-17-1438

Disclosure of medical/dental information may contain all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information, as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV).

Disclosure for mental health records pertains to treatment, hospitalization, and/or outpatient care provided to me for the period listed above. I understand that my record may contain information regarding all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV). **Authorizations for release of mental health records expire in 180 days.**

Disclosure of HIV related information is information about whether the patient has had a test for HIV, an HIV related illness or AIDS. HIV (Human Immunodeficiency Virus) is the virus that may cause or indicate AIDS or HIV infection.

Disclosure of general information is information contained in an inmate's DC-15. Generally, any communications from the inmate to the Department of Corrections and responses thereto, misconducts, and grievances.

In authorizing this disclosure, I explicitly waive any and all rights I may have to the confidential maintenance of these records, including any such rights that exist under local, state, and federal statutory and/or constitutional law, rule or order, including those contained in the Pennsylvania Mental Health Procedures Act, (**MHPA**) **50 P.S. §7101 et seq.**, the Drug and Alcohol Abuse Control Act, **71 P.S. §1690.101 et seq.**, and the Confidentiality of HIV-Related Information Act, **35 P.S. §7601 et seq.**

I understand that I have no obligation to permit disclosure of any information from my record and that I may revoke this authorization, except to the extent that action has already been taken, at any time by notifying the Medical Records Director/ Technician, Health Care Administrator, or Facility Manager. In any event, this authorization will expire **180** days after the date signed, unless revoked prior to that time.

I understand that these records are the property of the Department of Corrections and that my authorization for their release does not require the Department of Corrections to release these records. It is understood by the above requester that if the requested information's confidentiality is protected by Federal Regulations that bar secondary dissemination or re-disclosure, the providing facility will provide a statement to that effect.

Furthermore, I will indemnify and hold harmless the Pennsylvania Department of Corrections, and its employees and agents, for any losses, costs, damages, or expenses incurred because of releasing information in accordance with this authorization.

Employee/Inmate Signature

Date

Signature of Witness

Date

**White Copy - Responder**

**Yellow Copy - Requester**

**Pink Copy - Inmate**

PENNSYLVANIA DEPARTMENT OF CORRECTIONS  
GENERAL INVOICE

<b>PAYOR (NAME AND ADDRESS)</b> Kevin Coit/KX2601 Docket # cv-17-1438 ProSe		<b>PAYEE (NAME AND ADDRESS)</b> SCI SMITHFIELD GENERAL FUND P.O. BOX 999, 1120 PIKE STREET HUNTINGDON, PA 16652 VENDOR ID: 23-6002832		INVOICE NO.	
				DATE 1/30/2019	
				ORDER NO.	
				PAYEE VENDOR #	
		TERMS / AGREEMENT			
DATE OF TRANS	ITEM AND DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
Jan-19	Copies of Medical Records for : Kevin Coit (KX2601)				
	Search and Retrieval				\$22.48
	pages 1-20 at \$1.51	20		1.51	\$30.20
	pages 21-61 at \$1.21	40		1.21	\$44.80
	pages 61-end at \$0.38	319		0.38	\$121.22
	Total pages	379			
EXPENDITURE CODING	FUND	COST CENTER	GENERAL LEDGER		
			TOTAL		\$218.70

I CERTIFY THAT THE ABOVE EXPENSES, SERVICES, MATERIALS OR PRODUCTS WERE ACTUALLY INCURRED, RENDERED OR FURNISHED FOR THE USE OF THE COMMONWEALTH OF PENNSYLVANIA, AND THAT THE ABOVE PRICES CHARGED WERE FAIR AND REASONABLE.

*D. Jankowski*  
SIGNATURE

1/30/2019  
DATE

COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1012-01

**Treatment Goal #1-Developed by the Individual and the Treatment Team****Treatment Goal #1:**☒ Hygiene**Individualized description of Recovery Goal:**

Mr. Coit needs to remain aware of his behaviors during hygiene. This includes impulses, thoughts, and possible outcomes to behaviors

**Start Date of Goal #1:**

07/03/2019

**Treatment Objective #1-Those Sequential Steps Needed to Reach Treatment Goals:**

1. Mr. Coit should resist the urge to dismantle any objects that he is provided with during his hygiene daily
2. Mr. Coit should alert staff in a timely manner if any items become altered or broken as soon as possible
3. Mr. Coit needs to identify 2 ways that his razor breaking could impact his progression

**Add Treatment Goal #2:**☒ Yes**Treatment Goal #2-Developed by the Individual and the Treatment Team****Treatment Goal #2:**☒ Decision Making**Individualized description of Recovery Goal:**

Mr. Coit should identify positive decisions that could assist in his progression within the BMU program

**Start Date of Goal #2:**

07/03/2019

**Treatment Objective #2-Those Sequential Steps Needed to Reach Treatment Goals:**

1. Mr. Coit should develop a list of pros and cons of at least 3 decisions prior to putting them into action
2. Mr. Coit needs to identify 5 reasons why his frustration leads to possible poor decision making

**Add Treatment Goal #3:**

NO ANSWER PROVIDED

**Summary discussion in collaboration with the individual:**

Mr. Coit was not able to fully participate in the development of this IRP due to being security housed after his razor was broken. This PSS developed this IRP as a reflection of the reasoning he was placed on accountability

**Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

**Patient Name:** COIT, KEVIN**Patient Number:** KX2601**Location:** J-A-1012-01**DOB:** 4/13/1990**Facility:** SCI SMITHFIELD**Electronically Signed By** CRISTE, JULIE on 7/8/2019 10:05:28 AM

COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1012-01

Interventions and Treatment Modalities Offered**Current Level of Care Placement:**☒ Accountability Status**Continued Need for Current Level of Care Placement:**☒ No**Reason why discharge from current Level of Care is indicated:**

Mr. Coit was released from accountability status on 07/03/2019

**Comment on Continued Need for Current Level of Care Placement:**

Mr. Coit no longer required to be on accountability status

Create Safety Plan**Create Safety Plan for Patient:**☒ NoSignature of Individual and Treatment Team Members**Individual Availability:**☒ Individual present at Treatment Team**Agreement/Disagreement with Recovery/Treatment Plan:**☒ I agree with this Treatment Plan

By agreeing with the treatment plan I acknowledge that I have had the opportunity to review and ask questions about my Treatment Plan and agree to cooperate with Mental Health.

Treatment Team Review**On this date:**

07/05/2019

**the Psychiatric Review Team met, discussed, and agreed with the above outlined Individual Recovery Plan:**☒ Yes**Disciplines Present at PRT:**☒ Psychiatrist/PCRNP ☒ Licensed Psychologist Manager ☒ Psychology Staff ☒ Unit Manager ☒ Counselor ☒ Activities  
☒ Custody Staff**Name of Psychiatrist/PCRNP:**

Dr. Polmueller

**Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

**Patient Name:** COIT, KEVIN**Patient Number:** KX2601**Location:** J-A-1012-01**DOB:** 4/13/1990**Facility:** SCI SMITHFIELD**Electronically Signed By** CRISTE, JULIE on 7/8/2019 10:05:28 AM



COIT, KEVIN #KX2601

DOB: 4/13/1990 (29y) Location: J-A-1012-01

Individual Recovery Plan**Current Date:**

07/05/2019

**Current Location:**

SCI SMITHFIELD

**Recovery Plan:**☒ Change of Status**IRP Purpose:**☒ Accountability Status**MH/ID Roster:**

D

MH/ID D Roster Patients Only**MH/ID D Roster due to:**

NO ANSWER PROVIDED

**Next Regular Scheduled Due Date of IRP:**☒ Specific Date**Specify Date:**

07/22/2019

**Current Housing Unit:**

J-B-1005-01

**IQ:**☒ Average**Diagnosis:**

F60.2 - \*\*[F60.2]\*\* Antisocial personality disorder - [FORSYTH, LISA] - 2017-02-24F60.3 - \*\*[F60.3]\*\* Borderline personality disorder - [NEWTON, ANDREW] - 2017-07-25F11.20 - \*\*[F11.20b]\*\* Opioid use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F12.20 - \*\*[F12.20b]\*\* Cannabis use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F13.20 - \*\*[F13.20b]\*\* Sedative, hypnotic, or anxiolytic use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F14.20 - \*\*[F14.20b]\*\* Cocaine use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F16.20 - \*\*[F16.20b]\*\* Other hallucinogen use disorder, Severe - [NEWTON, ANDREW] - 2017-11-04F43.10 - \*\*[F43.10a]\*\* Posttraumatic stress disorder, no dissociative symptoms - [XUE, BAOGANG] - 2015-06-25

**Staff Discussion:**

Mr. Coit was placed on accountability status on 07/02/2019 after his razor broke. All pieces of the razor were not recovered right away and Mr. Coit was placed on accountability. He was then released on 07/03/2019. Mr. Coit is now on razor restriction.

Goals for Treatment**Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

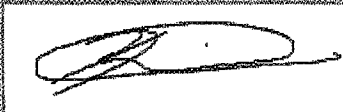
**Patient Name:** COIT, KEVIN**Patient Number:** KX2601**Location:** J-A-1012-01**DOB:** 4/13/1990**Facility:** SCI SMITHFIELD**Electronically Signed By** CRISTE, JULIE on 7/8/2019 10:05:28 AM

COIT, KEVIN #KX2601

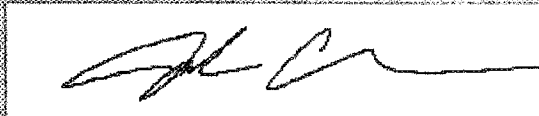
DOB: 4/13/1990 (29y) Location: J-A-1011-01

**Specify Other Discipline(s) Present at PRT:**

RN Cruz

**Signatures**


COIT, KEVIN  
Captured On: 06/24/19 09:54:12



J. Criste  
Captured On: 06/24/19 09:54:12

**Save Log**

User Name	Audit Date
CRISTE, JULIE	6/24/2019 9:54:12 AM
CRISTE, JULIE	6/24/2019 8:27:46 AM
CRISTE, JULIE	6/19/2019 9:35:15 AM

**Individual Recovery Plan - Psychology**

Psychiatric recovery plan for patients

**Patient Name:** COIT, KEVIN**Patient Number:** KX2601**Location:** J-A-1011-01**DOB:** 4/13/1990**Facility:** [REDACTED]**Electronically Signed By** CRISTE, JULIE on 6/24/2019 9:54:12 AM